

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

06

10

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		8003.27
(b) Cash on Hand at Beginning of Reporting Period .....	36907.50	
(c) Total Receipts (from Line 19) .....	6256.75	71373.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43164.25	79377.21
7. Total Disbursements (from Line 31) .....	16331.67	52544.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26832.58	26832.58
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	4316.12	60490.03
(ii) Unitemized .....	1940.63	9883.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6256.75	70373.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6256.75	70373.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6256.75	71373.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6256.75	71373.94

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	331.67	1044.63	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	331.67	1044.63	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	51500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16331.67	52544.63	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16331.67	52544.63	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6256.75	70373.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6256.75	70373.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	331.67	1044.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	331.67	1044.63

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Sands

Mailing Address 231 Celebration Blvd

City

Kissimmee

State

FL

Zip Code

34747-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director Clinical Science

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 4324758

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: PR788358682

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City

Acton

State

MA

Zip Code

01720-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: PR788365682

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

1769.24

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address 5215 Wiltonwood Ct

City

Indianapolis

State

IN

Zip Code

46254-9665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788367682

Amount of Each Receipt this Period

130.00

P/R Deduction (\$130.00 Mo-  
nthly)**B.**

Full Name (Last, First, Middle Initial)

Claire Callahan

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

SVP Human Resources &amp; Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788370682

Amount of Each Receipt this Period

330.00

P/R Deduction (\$330.00 Mo-  
nthly)**C.**

Full Name (Last, First, Middle Initial)

Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Finance &amp; Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788377682

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Mo-  
nthly)

SUBTOTAL of Receipts This Page (optional) .....

690.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd Suite  
Suite 113

City State Zip Code  
Tampa FL 33614-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
President DSD North Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788395682

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code  
Marietta GA 30066-4451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788397682

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Donna McCarthy

Mailing Address 34 Warren St

City State Zip Code  
Wellfleet MA 02667-8527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
West Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788399682

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

684.60

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788400682

Amount of Each Receipt this Period

134.00

P/R Deduction (\$134.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788401682

Amount of Each Receipt this Period

260.00

P/R Deduction (\$260.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey West

Mailing Address 401 Plymouth Road Suite 500  
Suite 500

City

Plymouth Meeting

State

PA

Zip Code

19462-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788455682

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

454.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Deborah A. Forshee

Mailing Address 100 Galleria Pkwy SE Suite 500  
Suite 500City State Zip Code  
Atlanta GA 30339-3179FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788464682

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steven P Covino

Mailing Address 6 Williams Street

City State Zip Code  
Waltham MA 02453-4131FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788495682

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code  
Glendale AZ 85310-4259FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788500682

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

384.60

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

James Freedman

Mailing Address 269 Rolling Meadow

City

Holliston

State

MA

Zip Code

01746-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Leadership &amp; Prof Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788504682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230  
Suite 230

City

Brentwood

State

TN

Zip Code

37027-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788515682

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark R Fawcett

Mailing Address 100 Franklin Street

City

Arlington

State

MA

Zip Code

02474-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR788558682

Amount of Each Receipt this Period

76.00

P/R Deduction (\$76.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

232.92

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Balaji Gandhi

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Gov't &amp; External Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR788581682

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Mo-  
nthly)

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

4316.12

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2878	<b>Transaction ID:</b> 4198031 <b>Date of Disbursement</b> <div> <div>05</div> <div>02</div> <div>2011</div> </div>
City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>210.13</div> <b>Credit Card Fee</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit State MI Zip Code 48275-0001 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4198032 <b>Date of Disbursement</b> <div> <div>05</div> <div>03</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>85.85</div> <b>Bank Service Charge</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit State MI Zip Code 48275-0001 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4198034 <b>Date of Disbursement</b> <div> <div>05</div> <div>03</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.69</div> <b>Bank Service Charge</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**331.67**

**TOTAL** This Period (last page this line number only) .....

**331.67**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Cardin for Senate	<b>Transaction ID:</b> 4200214 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 21093	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	1												
City Catonsville State MD Zip Code 21228	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct Contribution	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Sen. Benjamin Cardin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Direct Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan for Congress	<b>Transaction ID:</b> 4200215 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 1919	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Janesville State WI Zip Code 53547	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Paul Ryan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Direct Contribution																				
<b>C.</b> Full Name (Last, First, Middle Initial) McCaskill for Missouri 2012	<b>Transaction ID:</b> 4200218 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	1												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Claire McCaskill	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Direct Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Bob Corker For Senate 2012

Mailing Address PO Box 848

City  
ChattanoogaState  
TNZip Code  
37401Purpose of Disbursement  
Direct Contribution

011

Category/  
TypeCandidate Name  
Sen. Robert CorkerOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: 4200220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Amount of Each Disbursement this Period

2000.00

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard E. Neal for Congress

Mailing Address P.O. Box 15906

City  
Chevy ChaseState  
MDZip Code  
20825Purpose of Disbursement  
Direct Contribution

011

Category/  
TypeCandidate Name  
Richard E. NealOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 4570714

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00

Direct Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mike Ross for Congress

Mailing Address P.O. Box 360

City  
PrescottState  
ARZip Code  
71857-0360Purpose of Disbursement  
Direct Contribution

011

Category/  
TypeCandidate Name  
Mike RossOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 4570715

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Amount of Each Disbursement this Period

2500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Cantor for Congress

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Direct Contribution

Candidate Name  
Rep. Eric Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 4570716

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

2500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

16000.00